



PRIOR LEARNING AND RECOGNITION FOR MATURE STUDENTS

APPLICATION FOR GRADE 9 AND 10 INDIVIDUAL ASSESSMENT/EQUIVALENCY PROCESS

Name: _____ D.O.B.: _____
Gender: M F OEN# _____
Board: NNEC School: Wahsa Distance Education Centre

- I am at least 18 years of age (on or before December 31st of the current school year.)
- I have been out of school for a period of at least one year
- I am planning to attend College/University

Please check ONE only

Part A if you have an Ontario Student Transcript (OST)

- I have an Ontario Student Transcript (OST) with fewer than 16 grade 9 and 10 credits. I would like to apply for an Individual Assessment to earn enough equivalent credits to bring my total to 16 grade 9 and 10 credits. I understand that I may be required to successfully complete an Individual Assessment in some or all of Grade 9 and 10 Canadian Geography / History, English, Mathematics and Science.

OR

Part B if you have a transcript from another province or country

- I have a transcript from another province or country. (Please note that your transcript must be an original document, translated into English or French)

OR

Part C if you do not have a transcript

- I do not have any Grade 9 or 10 credits.
- I do have some Grade 9/10 credits, but I do not know what they are and wish to proceed with the PLAR Program immediately. I would like to apply for an Individual Assessment in Grade 9 and 10 Canadian Geography/History, English, Mathematics and Science to earn up to 16 Grade 9 and 10 equivalent credits.

Note: I am aware that should I proceed with PLAR before Wahsa receives my transcript, it is possible that I will complete a PLAR assessment(s) I am not required to complete.

Signature: _____ Date: _____

*Students who enroll in the PLAR program fall under the OSSD guidelines

DEC and Counsellor Office Use Only

I have reviewed this application and confirmed the appropriate boxes have been checked and I have attached the transcript (if available).

DEC signature: _____ Date: _____

I have reviewed this application and confirmed the appropriate boxes have been checked and I have requested the transcript (if necessary).

Counsellor signature: _____ Date: _____